

Application Guide

Thank you for your interest in the Home Modification Loan Program. This is a lending program. It provides funding for individuals and families to modify homes for a household member with a disability. The loan program lends from \$1,000 to \$30,000 secured by a promissory note and mortgage that are recorded as a lien on the property.

Please read the enclosed Frequently Asked Questions, and Brochure carefully before completing this application.

All of the information and documents required for this application are necessary for HMLP Provider Agencies to determine eligibility of the application and for which loan product you are eligible. Please review the checklist to make sure your application is complete. If you have any questions, or need assistance completing any part of the application, please do not hesitate to contact your Provider Agency.

- The modifications made to the home **must relate to the beneficiary's ability to function on a daily basis.**
- **Income guidelines for eligibility** are shown on the enclosed Frequently Asked Questions sheet and in the Brochure.
- **If you are an employee or a relative of an employee of the Provider Agency** who sent you this application, call your local Provider Agency to be assigned to another Provider Agency.
- **Reasonable accommodations** will be provided as needed by the Provider Agency to assist in completion of the application. If you need any assistance with the application please let your Provider Agency know how they can be of assistance.



Please return your completed application to:

Metrowest Area:

Christina Cutting
Home Modification Loan Program
300 Howard St.
Framingham, MA 01702

Southeast, Cape & Islands:

Mary Ann Walsh
Home Modification Loan Program
3 Webster Square - PMB 1000
Marshfield, MA 02050

Home Modification Loan Program

Application Checklist

Applicant Name: _____

Completed and signed application including

- ☐ **Applicant Information**
- ☐ **Beneficiary Information**
- ☐ **Home Modification Project**
- ☐ **Income Information**
Acceptable proof of income may include: Tax returns, benefit statements, 1099, W-2s or current paystubs
- ☐ **Property information**
- ☐ **Signed Penalty for False or Fraudulent Statement**
- ☐ **Landlord Supplemental Form (if applicable)**
- ☐ **Release of Information Form**
- ☐ **Media Release of Information (optional)**
- ☐ **Lead Paint Certification Form**
- ☐ **Historic Certification Form**
- ☐ **Signed Documentation of Need and letter from a Professional attesting to the need for home modification and its relationship to a disability**
- ☐ **Copy of deed for property being modified**
- ☐ **Evidence of commitment of other funds if project is over \$30,000**

Additional application documentation required

- ☐ **Proof of paid real estate taxes**
- ☐ **Proof of paid state income taxes**
- ☐ **Contractor's detailed estimate**
- ☐ **Contractor's licensed (copy)**
- ☐ **Contractor's certificate of liability insurance (copy)**

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Region 4 (Metrowest) & Region 5 (Southeast, Cape and Islands)

Home Modification Loan Program Application

Applicant Information

*Landlord applicants must complete the Landlord Form.

Please print clearly.

Name (Last, First, MI): _____

Mailing address: _____
Number Street Unit #
City State Zip Code

Telephone: Home: _____ Work or Cell: _____

Fax: _____ **TTY/TTD:** _____ **E-Mail:** _____

Address of Property (if different from above):

Number Street Unit #
City State Zip Code

Please list the names of any other persons listed on the property deed:

Name (Last, First, MI): _____

Name (Last, First, MI): _____

Name (Last, First, MI): _____

Name (Last, First, MI): _____

Is any person listed in this application (including all property owners or beneficiary) an employee or a relative of an employee of the Provider Agency administering the Home Modification Loan Program?

Yes ☐ No ☐

(Answers are Optional)

Ethnic Background:

a. ☐ Native American b. ☐ White c. ☐ Hispanic d. ☐ Black e. ☐ Asian f. Other _____

Veteran: ☐ Yes ☐ No

Food Stamp Recipient: ☐ Yes ☐ No

Beneficiary Information

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Home Modification Project

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

Please list other sources of funding you plan to use to fund the project, if known at this point. Other sources include personal funds, other lines of credit or loans, civic organizations, grants, or gifts. Documentation of this funding will be required prior to closing.

Source: _____ **Amount:** \$ _____

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Income Information

Applicant Name: _____

☐ If Applicant is a landlord renting to a family member, list all individuals in both the beneficiary's household and the property owner's household.

☐ If Applicant is a landlord renting to a non-family member, list all individuals in the tenant's household.

Please list all persons in household (attach additional sheet if needed):

1. NAME _____ DOB _____ SOCIAL SECURITY NO. _____
INSURANCE: ☐ Private ☐ Medicare ☐ Medicaid ☐ None

2. NAME _____ DOB _____ SOCIAL SECURITY NO. _____
INSURANCE: ☐ Private ☐ Medicare ☐ Medicaid ☐ None

3. NAME _____ DOB _____ SOCIAL SECURITY NO. _____
INSURANCE: ☐ Private ☐ Medicare ☐ Medicaid ☐ None

4. NAME _____ DOB _____ SOCIAL SECURITY NO. _____
INSURANCE: ☐ Private ☐ Medicare ☐ Medicaid ☐ None

5. NAME _____ DOB _____ SOCIAL SECURITY NO. _____
INSURANCE: ☐ Private ☐ Medicare ☐ Medicaid ☐ None

6. NAME _____ DOB _____ SOCIAL SECURITY NO. _____
INSURANCE: ☐ Private ☐ Medicare ☐ Medicaid ☐ None

Indicate in the table below all income for each individual in the household listed above. Attach additional sheet if needed:

Name (# From above)	Source of Income	Documentation	Income/Month	Income/Week	Annualized

Total # Persons in Household: _____ **Total Annual Household Income: \$** _____

For Provider Use Only:

20__ Income Limit for family size listed above: \$ _____ ☐ 100% ☐ 200%

Loan Product Eligibility: ☐ 0% ☐ 3%

Verified By: _____

Date: _____

Property Information

Proof of paid real estate taxes and paid state income taxes must be provided.

1. Type of property:

☐ Single Family ☐ Multi-family ☐ Mobile Home ☐ Manufactured prior to 1978

If multi-family: number of units: _____

How many units are occupied? _____

2. Certificate of Title:

Who is (are) the Owner(s) of Record of the Property to be modified?

1. _____ 2. _____

3. _____ 4. _____

Please verify by Book: _____ Page: _____ of deed at the Registry of Deeds in the County of Residence.

A certified copy of this deed can be purchased at the Registry of Deeds and is required to complete this application. **Please attach a copy of the deed.** If you need help obtaining a copy of your deed, please contact your Provider Agency for assistance.

3. During the pendency of this loan application I will notify the Provider Agency of any pending bankruptcy or foreclosure action against me:

☐ Yes – PLEASE CHECK

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PENALTY FOR FALSE OR FRAUDULENT STATEMENT

The applicant(s) certifies that all information provided herein, and all information in support of this application, is given for the purpose of obtaining assistance from the Home Modification Loan Program.

I/We hereby certify that all of the above statements are true, accurate and complete to the best of my/our knowledge and belief.

I hereby consent to the verification of any information given in this application. I understand that the information will be used to determine eligibility for this program and is subject to the requirements of HMLP Program Guidelines. The applicant(s) agree(s) to abide by the HMLP requirements in connection with any assistance received pursuant to this application.

All information generated as a part of this program is confidential between the program applicants and program administrators.

Signature(s) of Property Owner/Borrowers: The signatories below acknowledge that this document is signed under pains of penalties and perjury. All persons listed on the deed must sign below.

Signature:

Date:

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Landlord Supplemental Form

To be Completed by Landlord:

The Property Owner/Landlord, must be the applicant for this loan. Only properties of less than ten (10) unit dwellings are eligible unless undue burden is proven.

For Non-Owner occupied properties the owner must demonstrate that the property is not covered by section 4 of Chapter 151B. i.e. has fewer than 10 units.

Name of Tenant: _____

Name of Beneficiary (if different): _____

Address of unit to be modified:

Number	Street	Unit #
<hr/>		
City	State	Zip Code

Number of units in property: _____

Is the tenant a family member of the landlord? ☐ Yes ☐ No

(If yes, you may be able to apply for a 0% or 3% loan. Please discuss with your Provider.)

Landlord Information:

Name (Last, First, MI): _____

Mailing address:

Number	Street	Unit #
<hr/>		
City	State	Zip Code

Telephone: Home: _____ Work and/or Cell: _____

Fax: _____ TTY/TTD: _____ E-Mail: _____

Landlord Signature

Date

(Please Print Name)

Tenant Signature

Date

(Please Print Name)

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Home Modification Loan Program

Release of Information

I hereby give authorization to SMOC (South Middlesex Opportunity Council, Inc.)
To make inquiry as needed regarding information and documentation supplied by me to verify:

_____ Household income

_____ Unsafe conditions noted at time of inspection

_____ My need for modifications to my residence as documented by

_____,
(*a professional with whom I have a client history*)

Address of the residence to be modified is:

number	street	city/town	zip
---------------	---------------	------------------	------------

phone	e-mail
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This information is in regard to my request for a Home Modification Loan.

Signature: _____ Date _____
(*Please print.*)

This authorization is valid until my loan has been closed and all modification work completed.

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Home Modification Loan Program

MEDIA Release of Information

I, _____ (*Borrower*) hereby give authorization to South Middlesex Opportunity Council, Inc., MRC and CEDAC.

I authorize the HMLP Program staff and Provider Agencies to release to the media information regarding the modifications provided by loan for the purposes of advocacy and education.

Contact information

<hr/>	<hr/>	<hr/>	<hr/>
number	street	city/town	zip
<hr/>		<hr/>	
phone	e-mail		

Address of the residence to be modified: _____

Beneficiary (if different from above): _____

This information is in regard to my request for a loan through the Massachusetts Home Modification Loan Program.

Signature: _____ Date _____
(*Please print.*)

This release is good until_____.

Home Modification Loan Program

Lead Paint Certification Form

I, the undersigned Borrower/Property Owner for the Home Modification Loan Program, affirm and attest that the following is true of the property to be modified under this program at

_____, _____, _____
Address Town Zip

YES NO

☐ ☐ (1) The home was built before 1978.

☐ ☐ (2) A child under the age of six now resides in the property or will reside in the property as a result of the modification being undertaken with the loan proceeds.

☐ ☐ (3) The property is subject to an emergency lead management plan and letter of interim control.

I understand that it is my responsibility to comply with all applicable laws and regulations regarding the presence of lead paint in my home. The Provider Agency for HMLP program is not responsible for lead paint abatement in my home.

All Property Owner/Borrowers Must Sign:

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

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Home Modification Loan Program

Historic Certification Form

I, the undersigned Borrower/Property Owner for the Home Modification Loan Program, affirm and attest that property to be modified under this program at

_____, _____, _____
Address Town Zip

☐ is **NOT** listed in, or located within or near another home or historic district listed in the Historic Register.

☐ is listed in, or located within or near another home or historic district listed in the Historic Register.

Borrower/Property Owner: _____ Date: _____

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Home Modification Loan Program (HMLP)

**DOCUMENTATION OF NEED
FOR HOME MODIFICATIONS**

As requested on the HMLP Application, please attach a **STATEMENT ON LETTERHEAD FROM A PROFESSIONAL** with whom you have a patient history. The statement must identify the current need for home modifications to the primary residence of the beneficiary for the purpose of improving their day to day functions or to allow living independently in the community. The statement must be SPECIFIC, stating the current need for the particular requested modification based on the disability involved. (note: if the documentation provided is inadequate or insufficient, additional information may be required.)

Please ask the PROFESSIONAL who provides the DOCUMENTATION OF NEED to sign and date his or her statement, and to complete this form and attach it to the statement.

If an additional statement from a qualified physical therapist, occupational therapist or other professional with expertise in the home environment is needed to explain the specific needed modification, this additional statement should also be attached.

1. Name of Individual: _____
2. Does the patient have a disability? (Please check yes or no): ☐ Yes
☐ No
3. If yes, Is the disability permanent or temporary? (Please check one):
☐ Permanent
☐ Temporary
4. If temporary, how long is the disability expected to last? _____
5. What types of limitations does the patient's condition involve? (Please check all that apply):
 - ☐ Mobility (uses wheelchair)
 - ☐ Mobility (does not currently use wheelchair)
 - ☐ Dexterity
 - ☐ Sensory
 - ☐ sight
 - ☐ hearing
 - ☐ Other – Please specify _____

Signature of Professional

Print Name